

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | ✓ 10/00 | | 11-9-00 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Final | Original | Date |
|-------|-------|----------|---------|
| 1 | ✓ | ✓ | 8/25/00 |
| 2 | ✓ | ✓ | 8/25/00 |
| 3 | ✓ | ✓ | 8/25/00 |
| 4 | ✓ | ✓ | 8/25/00 |
| 5 | ✓ | ✓ | 8/25/00 |
| 6 | ✓ | ✓ | 8/25/00 |
| 7 | ✓ | ✓ | 8/25/00 |
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| 23 | ✓ | ✓ | ✓ |
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| Claim | Final | Original | Date |
|-------|-------|----------|---------|
| 51 | ✓ | ✓ | 8/25/00 |
| 52 | ✓ | ✓ | 8/25/00 |
| 53 | ✓ | ✓ | 8/25/00 |
| 54 | ✓ | ✓ | 8/25/00 |
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| 71 | ✓ | | |
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| 80 | ✓ | | |
| 81 | ✓ | | |
| 82 | ✓ | | |
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| 87 | ✓ | | |
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| Claim | Final | Original | Date |
|-------|-------|----------|---------|
| 101 | ✓ | ✓ | 8/25/00 |
| 102 | ✓ | ✓ | 8/25/00 |
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If more than 150 claims or 10 actions
staple additional sheet here

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